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STATE  
OF  
GEORGIA

# Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

PAGE  
1

|   |  |  |                    |  |  |
|---|--|--|--------------------|--|--|
| 1. Application Date   |  | INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer. |                    | FOR RECORDS MANAGEMENT DIVISION USE<br>Date Received      Application No.      Date Completed<br><b>OCT. 30 1975 75-247 NOV - 5 1975</b> |  |
| 2. Agency Application No.   |  |  |                    | 4. Person to Contact<br><b>Jim Hartsfield</b>  |  |
| 3. AGENCY, Division, Subdivision & Administering Office Address<br><b>Employees' Retirement System<br/>Administration Building<br/>254 Washington Street, Room 592<br/>Atlanta, Georgia 30334</b>   |  | 5. Working Title<br><b>Claims Examiner</b>   |                    | 6. Tel. No.<br><b>656-2960</b>   |  |
| 7. ACTION REQUESTED    Amend 341<br><input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD;<br>RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION;<br>NO FURTHER ACCUMULATION ANTICIPATED.  |  |  |                    |  |  |
| 8. Earliest & Latest Dates of Series<br><b>Early 1963-present</b>   |  | 9. Exact Series Title<br><b>CANCELLED CHECK FILES (RETIREMENT SYSTEM BENEFITS)</b><br><del>Cancelled check files related to benefits paid from this System.</del> AGENCY-WIDE COMMON STD.                        |                    |  |  |
| 10. What is the function of the office in which this record series is created?<br><br>The employees of the State of Georgia Retirement System office is responsible for administering a retirement program for State employees. The office formulates rules and regulations; processes applications; determines creditable service and employee contributions; and issues payments of refunds; disability benefits and retirement benefits. |  |  |                    |  |  |
| 11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).<br><br>Documents relate to disbursing funds to recipients of Retirement System benefits.<br><br>Included are cancelled checks.<br><br>Files are arranged numerically by check number.   |  |  |                    |  |  |
| ATTACH SAMPLES OF THE FILE  |  |  |                    |  |  |
| 12. EQUIPMENT OCCUPIED  |  | No. of Drawers   | Cu. Ft. of Records | ANNUAL RATE OF ACCUMULATION<br><b>Approximately</b>  |  |
| Letter-size File Drawers  |  |  |                    | 60 Boxes      20   |  |
| Legal-size File Drawers   |  |  |                    | In Office(s)      In Storage Area(s)   |  |
| 5 ck. boxes per mo. 4" X 9" X 24"   |  |  |                    | This Year's      Last Year's      Preceding Year's      All Prior Years  |  |
|   |  |  |                    | AVERAGE DAILY REFERENCES   |  |

Q. 2, J. 8, 11, 10, 11

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ [ ]
14. Is there a duplication of this series in another office or agency? ☒ [ ]  
Check registers and vouchers.
15. Is the information contained in this series ever summarized or published? [ ] ☒  
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? ☒ [ ]  
May constitute invasion of personal privacy.
17. Does the series initiate, amend or terminate agency policies and procedures? [ ] ☒
18. Could the function be performed if the files were lost or destroyed? ☒ [ ]

19. Is the series (or major portion of it) regularly microfilmed? If yes, why? [ ] ☒

20. Does the record series provide data as input to an EDP file? [ ] ☒

21. Does the record series contain documentation produced as EDP printout? ☒ [ ]

Checks on EDP printout.

22. Has the Federal Government issued instructions governing the retention/disposition of these files? [ ] ☒

23. Will there be a need for these records 10, 15 years from now? If yes, what? ☒ [ ]  
For use in prosecuting fraud (forgery cases)

24. REQUIREMENTS. The following requires the files to be kept 12 years:

- a. [ ] STATE LAW    b. [ ] STATUTE OF LIMITATION    c. [ ] AUDIT PERIOD    d. [ ] FEDERAL LAW    e. ☒ ADMINISTRATIVE DECISION    f. [ ] HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

E. Until final benefits settlement, to satisfy heirs and beneficiaries, to prevent fraud, or assignment of benefits to other than original recipient

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - [ ] CALENDAR YEAR - ☒ FISCAL YEAR - [ ] OTHER \_\_\_\_\_, then:

- ☒ Hold in the current files area \_\_\_\_\_ month(s)/ 2 year(s):
- ☒ Transfer to ☒ State Records Center [ ] Local Holding Area; hold 10 year(s):
- ☒ Destroy. Note: These files may not be destroyed until resolution of all audit questions.
- [ ] Transfer to State Archives for permanent retention.
- [ ] Destroy immediately after cut-off.
- [ ] Other: (Specify) \_\_\_\_\_

(Indicate briefly rationale for recommendations above/or write additional remarks):

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Records Management Officer (Signature) <u>[Signature]</u> Date <u>10-28-75</u> |  | OTHER REQUIRED SIGNATURES  |  | DATE   |  |
| 26. Recommendations in paragraph 25 are:                                       |  | <input checked="" type="checkbox"/> Approved [ ] Disapproved<br>State Auditor/Designee<br><input checked="" type="checkbox"/> Approved [ ] Disapproved<br>Secretary of State/Designee<br><input checked="" type="checkbox"/> Approved [ ] Disapproved<br>Attorney General/Designee<br><input checked="" type="checkbox"/> Approved [ ] Disapproved |  | <u>[Signature]</u><br><u>William M. Ryan</u><br><u>Carroll Hart</u><br><u>R. D. H. H. H.</u> | <br><u>11-4-75</u><br><u>11-3-75</u><br><u>11-5-75</u> |

STATE RECORDS COMMITTEE



STATE  
OF  
GEORGIA

Application for  
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

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| 2. Agency Application No.  |   | Date Received                          | Application No. Date Completed |
| 3. AGENCY, Division, Subdivision & Administering Office Address<br>Employees' Retirement System<br>254 Washington Street, SW, Room 592<br>Atlanta, Georgia 30334 |   | 4. Person to Contact<br>Jim Hartsfield |                                |
|  |   | 5. Working Title<br>Claims Examiner    | 6. Tel. No.<br>2960            |

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;  
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;  
NO FURTHER ACCUMULATION ANTICIPATED.

|  |   |
|--|---|
| 8. Earliest & Latest Dates of Series<br>1963 - present | 9. Exact Series Title<br><del>Retirement System</del> <sup>TITLE?</sup> (Agency-wide Standard)<br>Cancelled Check Files |
|--|---|

10. What is the function of the office in which this record series is created?

Page 140 Records Retention Schedule

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to disbursing <sup>funds</sup> ~~checks~~ to recipients of Retirement System benefits.

Included are cancelled checks. ~~issued by~~

Files are arranged numerically by check number.

ATTACH SAMPLES OF THE FILE

|                                    |                |                    |                                    |                  |                    |
|------------------------------------|----------------|--------------------|------------------------------------|------------------|--------------------|
| 12. EQUIPMENT OCCUPIED             | No. of Drawers | Cu. Ft. of Records | ANNUAL RATE OF ACCUMULATION        | No. of Drawers   | Cu. Ft. of Records |
| Letter-size File Drawers           |                |                    | approx. 60 boxes                   | 20               |                    |
| Legal-size File Drawers            |                |                    | Floor Space Occupied (Square Feet) | In Office(s)     | In Storage Area(s) |
| 5 ck boxes per month 4" x 9" x 24" |                |                    |                                    | This Year's      | Last Year's        |
|                                    |                |                    | AVERAGE DAILY REFERENCES           | Preceding Year's | All Prior Years    |

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain

YES NO.

13. Is this the Record Copy of the series? ☒ [ ]
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Attach copy of summary or publication. [ ] ☒
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17. Does the series initiate, amend or terminate agency policies and procedures? [ ] ☒
18. Could the function be performed if the files were lost or destroyed? ☒ [ ]
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? [ ] [ ]
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22. Has the Federal Government issued instructions governing the retention/disposition of these files? [ ] [ ]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☒ [ ]

24. REQUIREMENTS. The following requires the files to be kept 12 years:  
*For use in cases concerning prosecuting fraud/corruption*

- a. ☐ STATE LAW    b. ☐ STATUTE OF LIMITATION    c. ☐ AUDIT PERIOD    d. ☐ FEDERAL LAW    e. ☒ ADMINISTRATIVE DECISION    f. ☐ HISTORICAL VALUE  
(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☐ CALENDAR YEAR - ☒ FISCAL YEAR - ☒ OTHER 7, then:

- ☒ Hold in the current files area 2 month(s)/ 2 year(s):  
☒ Transfer to ☒ State Records Center [ ] Local Holding Area; hold 10 year(s):  
☒ Destroy. **NOTE: These files may not be destroyed until resolution of all audit questions**  
[ ] Transfer to State Archives for permanent retention.  
[ ] Destroy immediately after cut-off.  
[ ] Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

| Records Management Officer (Signature)   |  | Date | OTHER REQUIRED SIGNATURES | DATE |
|--|--|------|---------------------------|------|
| 26. Recommendations in paragraph 25 are: | Agency Head/Designee   |      |                           |      |
|  | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved |      |                           |      |
|  | State Auditor/Designee   |      |                           |      |
|  | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved |      |                           |      |
|  | Secretary of State/Designee  |      |                           |      |
| STATE RECORDS COMMITTEE                  | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved |      |                           |      |
|  | Attorney General/Designee  |      |                           |      |
|  | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved |      |                           |      |



# Employees' Retirement System

April 9, 1975

APR 11 1975

To: Mr. John Dunn, State Records Management Officer  
Archives and History

From: Jim Hartsfield, Records Management Officer  
Employees' Retirement System

The State Wide Common Standard for cancelled checks is not suitable for the needs of the Employees' Retirement System of Georgia. Our checks are payable to retired State employees, refunded employees, and in some cases, death claims are also paid from these checks. These cancelled checks are essential in having bona fide proof of payment to the rightful recipient.

Inasmuch as we process approximately 6,500 checks each month as of March 31, 1975, with a monthly increase of about 40 retirees per month, we do need a long range control of possible forged checks. Therefore, the Employees' Retirement System is requesting a waiver in the current State Wide Standard. It would be more advantageous to our operation if we held current checks in our current files area for two years, then transfer to records center for ten years; then destroy.

Your approval of this waiver on cancelled checks would be most appreciated and helpful in our day to day operations.

JH:km